

To : Vendors

From : Pitt County Environmental Health Food & Lodging Division

Subject: Limited Food Establishments

In order to protect, promote and assure the health of the people of Pitt County, Pitt County Environmental Health requires all limited food establishments to obtain a permit prior to operation. Vendors must contact Pitt County Environmental Health and submit a **completed application** along with a **\$75 permit fee** at least **30** days prior to operation. Permits shall be issued after a review of the application and a scheduled inspection. Once a permit is issued for the Limited Food Establishment, it shall expire on **December 31**. Continued operation after this date will require a permit to be obtained for the following year.

Included with the application are a limited food establishment check sheet and an Employee Health Policy. All food handlers shall read and sign an employee health policy which shall be maintained onsite. It is the responsibility of the person in charge to make sure that the checklist is complete and his/her facility is ready to be permitted. In addition to the completed application, please include a copy of the game schedule.

All establishments are responsible for submitting their completed application and permit fee to our office at least 30 days prior to an event. Payments can be made by check or money order, made payable to Pitt County and can be mailed to Pitt County Environmental Health at 1717 W. 5th Street, Greenville North Carolina 27834. Applicants paying in person can pay by cash, check or credit card (Discover, MasterCard or Visa).

Thank you in advance for your cooperation!

Pitt County Environmental Health



Limited Food Service Application

This Limited Food Service (LFS) permit application must be submitted no later than 30 days prior to construction or commencing operation. Please also note:

LFS permits shall be issued only to political subdivisions of the State, establishments operated by volunteers that prepare or serve food in conjunction with amateur athletic events, or operated by organizations that are exempt from federal income tax under sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code. Documentation indicating your organization's qualifications to receive an LFS permit must be submitted with this application.*

Limited food service also includes lodging facilities that serve only reheated food that has already been pre-cooked.

All LFS permits shall expire on December 31 of each year.

A fee of \$75 is required for each LFS permit and must be paid with the submission of each LFSE application.

**Political subdivisions of the state are local governments created by the states to help fulfill their obligations. Political subdivisions include counties, cities, towns, villages, and special districts such as school districts, water districts, park districts, and airport districts.*

Limited Food Service may not prepare potentially hazardous foods prior to the day of sale. At the end of the day, any remaining potentially hazardous foods that have been heated at a Limited Food Service may not be sold, reheated, or placed in refrigeration to be used another day.

Facility Type (Please Mark Applicable Facility Type & New or Renewal):

- Amateur Athletic Event New (No permit within the last year)
 Lodging Facility Renewal
 Other (Please note only facilities that meet the above pre- qualifications will be evaluated for a LFS permit)

1) Name of Facility: _____

2) Address of Facility: _____

3) Name of Permittee: _____ Day-Time Phone: _____

4) Permittee Email: _____

5) Mailing Address: _____



6) Dates of Operation: _____

7) Name of Amateur Athletic Organization, if applicable: _____

8) Source of Water for LFS:
 Public Water
 On-site Private Well (Requires Testing by MCHD)

9) Waste Water System for LFS:
 Public Sewage
 On-site Septic System

10) Has/Have the designated Person in Charge of the LFS completed an ANSI-accredited, certified food protection managers' course? Yes No

1) Menu: _____

2) Provide source of food: _____

3) Please list the equipment that will be used: _____

4) Please list how food will be held at 41°F or below and 135°F and above. _____

5) Please provide layout of vendor space in box below. Indicate locations for hand washing, dishwashing (at least one two-compartment sink), and food preparation and storage areas.



Review the vendor check sheet and employee health policy form. Attach all necessary documentation. A full copy of the NC regulations and NC Food Code Manual can be assessed at the following website:

<http://ehs.ncpublichealth.com/>

Signature: _____ Date: _____

Please make checks payable to Pitt County. Applications submitted without fees will not be processed. The permit for a Limited Food Service Establishment must be posted in a conspicuous place where it can be readily seen by the public at all times. Permit shall expire December 31 of each year.

Limited Food Service Establishment Evaluation Checklist

- Food service areas constructed/arranged to prevent exposure to dust, insects, and other contamination
- Protection against flies and insects provided by screening or effective use of fans
- Floors, walls, and ceilings in good repair and constructed to be easily cleanable
- Light fixtures clean and in good repair
- Convenient, approved toilet facilities provided for use by employees
- Handwashing facilities provided with hot and cold water and supplied with soap and paper towels in restrooms, food preparation, and dishwashing areas
- Signs directing employees to wash their hands before returning to work posted at all employee handwashing facilities
- All garbage receptacles fitted with liners (unless a can wash facility is provided)
- Approved sewage disposal
- Approved water source
- Hot water at minimum of 110°F where used for cleaning
- Approved sanitizer and test strips
- Accurate 0°F - 220°F metal stemmed food thermometer
- Foods from approved source (including ice)
- All meat, poultry, and fish purchased in a pre-portioned and ready-to-cook form
- Food, utensils, and paper goods handled and stored to prevent contamination
- Storage off floors and arranged to facilitate easy cleaning
- Customer self-service prohibited except for condiments in individual packages or pour-type containers



- Minimum two-compartment sink (with splashback protection) of sufficient size and depth to submerge, wash, rinse, and sanitize utensils
- At least one drainboard, table or counter space shall be provided for air-drying
- Equipment and utensils cleaned routinely and maintained in a sanitary manner
- Equipment in good repair and operating properly
- Adequate equipment provided to maintain cold foods at 45°F or below and hot foods at 135°F or above
- Single service utensils only

FORM 1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employee or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC), or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds or lesions are not properly covered (such as boils and infected wounds, however small) Future Medical Diagnosis:

Whenever diagnosed as ill with Norovirus, typhoid fever (salmonella Typhi), shigellosis (Shigella spp. Infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHC/STEC infection or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC or hepatitis A.





Dr. John Silvernail, Director

- 3. A household member attending or working in a setting experiencing confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHC/STEC infection or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

- 1. Reporting requirements specified above involving symptoms, diagnoses an exposure specified;
- 2. Work restrictions or exclusions that are imposed upon me; and
- 3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print): _____

Signature of Conditional Employee: _____ Date: _____

Food Employee Name (please print): _____

Signature of Food Employee: _____ Date: _____

Signature of Permit Holder or Representative: _____ Date: _____

